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FACSIMILE COVER SHEET

TO: Examiner T. Nguyen
U. S. Patent & Trademark Office
Group Art Unit 2182

FROM: Andrew D. Mickelsen, Reg. No. 50,957

RE: U.S. Application No. 09/215,194
Atty. Docket No.: 00862.002632

FAX NO.: (703) 746-7238

DATE: October 7, 2003

NO. OF PAGES:
(including cover page)

14

TIME: 12:40 P.M.

SENT BY: LS

MESSAGE**Attachments:**

- 1) Amendment After Final Rejection Transmittal
- 2) Amendment After Final Rejection

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Response Under 37 CFR § 1.116
Expedited Procedure - Group 2182

In re Application of:

HIDEYUKI IKEGAMI, et al.

Application No.: 09/215,194

Filed: December 18, 1998

For: IMAGE FORMING APPARATUS AND CONTROL
METHOD FOR THE SAME

Docket No.

00862.002632

Examiner: T. Nguyen

Group Art Unit: 2182

Date: October 7, 2003

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Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 16 | MINUS | ** 22 | = 0 | x \$9 \$18 | \$ 0.00 |
| INDEP. CLAIMS | * 6 | MINUS | *** 6 | = 0 | x \$43 \$86 | \$ 0.00 |
| Fee for Multiple Dependent claims \$145°/\$290 | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | \$ 0.00 |

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- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 30,957

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